

# **OCCUPATIONAL THERAPY ADDENDUM**

## **TO THE PROVIDER AGREEMENT**

This document serves as a formal addendum to the South Dakota Medical Assistance Provider Agreement. This provider agreement allows your participation as a direct medical assistance provider.

Provider agrees to the following to participate in the South Dakota Medical Assistance Program:

Services are limited to medically necessary occupational therapy provided to individuals under the age of 21 under the Early Periodic Screening, Diagnosis & Treatment (EPSDT) Program, in accordance with the South Dakota Medical Assistance State Plan and the Administrative Rules of South Dakota (ARSD 67:16:11).

All medically necessary covered occupational therapy must be based upon a physician's order. Occupational therapists may only bill for services which fall within their scope of practice. Services which are the responsibility of a school district, i.e. those listed on the Individual Education Plan (IEP) and those provided to an individual determined to be in need of Prolonged Assistance (ARSD 24:05:24.01:15), are to be billed by the responsible school district.

Services provided to an individual over the age of 21 are not allowed under this Provider Agreement.

### **TO BE COMPLETED BY PROVIDER**

Provider Name: \_\_\_\_\_

By: \_\_\_\_\_

Provider's Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Tax

I.D. Name: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

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### **TO BE COMPLETED BY MEDICAL SERVICES**

Approved By: \_\_\_\_\_

Larry Iversen

Title: \_\_\_\_\_

Program Administrator

Date: \_\_\_\_\_

Provider Number: \_\_\_\_\_